ATTACHMENT 2.2-A Revision: HCFA-PM-91-4 (BPD) AUGUST 1991 Page 13a OMB NO.: 0938-Texas State: ____ Groups Covered Citation(s) Agency* B. Optional Groups Other Than the Medically Needy (Continued) Individuals receiving active (5) treatment as inpatients in psychiatric facilities or programs (who are under the age of Inpatient psychiatric services for individuals under age 21 are provided under this plan. Other defined groups (and ages), as $_{\chi\chi\chi}$ (6) **TDHS** specified in Supplement 1 of ATTACHMENT 2.2-A.

TN No. 91-34 Approval Date JAN 1 = 1992 Effective Date OCT v1 1991
TN No. 86-24 Autochnent 2.2-A, pg/3 items (5) + (6) HCFA ID: 7983E

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Revision: HCFA-PM-91-4 August 1991

(BPD)

ATTACHMENT 2.2-A

Page 14

OMB NO.: 0938-

State: _

Texas

Agency*

Citation(s)

Groups Covered

Optional Groups Other Than the Medically Needy В. (Continued)

1902(a)(10) (A) (ii) (VIII) of the Act

Texas Department of Human Services (TDHS) XXX 8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child

special needs for medical rehabilitative care, and who before execution of the agreement --

- Was eligible for Medicaid under the a. State's approved Medicaid plan; or
- Would have been eligible for Medicaid if b. the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--

21

20

19

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Approval Date

16/95 Effective Date 10/1/94

^{*}Agency that determines eligibility for coverage.

Revision: HCFA-PM-91-4 AUGUST 1991 (BPD)

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	State:	Texa	OMB No.: 0938-	
Agency*	Citation (s)	Groups Covered	
			nal Groups Other Than the Medically Needy inued)	
42 CF	'R 435.223 <u>/</u>	fo	dividuals described below who would be eligib r AFDC if coverage under the State's AFDC plan re as broad as allowed under title IV-A:	
(A)(i	a)(10) i) and a) of act		Individuals under the age of21201918 Caretaker relatives Pregnant women	

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Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 15 OMB NO.: 0938-Texas State: ___ Groups Covered Agency* Citation(s) B. Optional Groups Other Than the Medically Needy (Continued) 42 CFR 435.230 <u>/</u>/ 10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act. 435.120 The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--Based on need and paid in cash on a regular a. basis. Equal to the difference between the b. individual's countable income and the income standard used to determine eligibility for the supplement. Available to all individuals in the State. c. d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income. All aged individuals. (1)

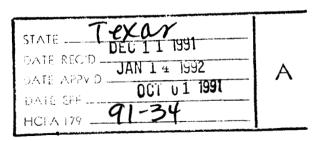
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(2)

(3)

All blind individuals.

All disabled individuals.



Revision: HCFA-PM-91-4 ATTACHMENT 2.2-A (BPD) AUGUST 1991 Page 16 OMB NO.: 0938-State: __ Texas Agency* Citation(s) Groups Covered B. Optional Groups Other Than the Medically Needy (Continued) Aged individuals in domiciliary_ (4)facilities or other group living arrangements as defined under SSI. 42 CFR 435.230 (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI. (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI. Individuals receiving a Federally administered optional State supplement (7) that meets the conditions specified in 42 CFR 435.230. Individuals receiving a State (8) administered optional State supplement that meets the conditions specified in 42 CFR 435.230.

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(9)

Individuals in additional

Secretary as follows:

classifications approved by the

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Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	ATTACHMENT 2.2-A Page 16a OMB NO.: 0938-
	State:	Texas	
	_		
Agency*	Citation(s)	Groups Cov	vered
	В.	Optional Groups Other Than (Continued)	the Medically Needy
		The supplement varies in is subdivisions according to	ncome standard by political cost-of-living differences.
		Yes.	
		No.	
		The standards for optional payments are listed in Supple.6-A.	State supplementary plement 6 of <u>ATTACHMENT</u>

TN No. 41-34
Supersedes Approval Date JAN 14 1992
TN No. 36-24 Attitude 2.2-1, pg 16, A after HCFA ID: 7983E

item iv.d(9)

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Revision: HCFA-PM-91-4R (BPD) ATTACHMENT 2.2~A AUGUST 1991 Page 17 OMB NO.: 0938-Texas State: ____ Groups Covered Agency* Citation(s) Optional Groups Other Than the Medically Needy (Continued) 42 CFR 435. 230 <u>/</u>/ 11. Section 1902(f) States and SSI criteria States 435.121 without agreements under section 1616 or 1634 1902(a)(10) of the Act. (A)(ii)(XI)of the Act The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is-a. Based on need and paid in cash on a regular basis. b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement. c. Available to all individuals in each classification and available on a Statewide basis. d. Paid to one or more of the classifications of individuals listed below: (1) All aged individuals. All blind individuals. (2) (3) All disabled individuals.

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Supersede 7-34 Approval Date MAR 13 1992
TN No. 91-34 Approval Date MAR 13 1992

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Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 18 OMB NO.: 0938-Texas State: _ Agency* Citation(s) Groups Covered Optional Groups Other Than the Medically Needy в. (Continued) (4)Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI. Blind individuals in domiciliary (5) facilities or other group living arrangements as defined under SSI. Disabled individuals in domiciliary (6) facilities or other group living arrangements as defined under SSI. Individuals receiving federally administered optional State supplement (7) that meets the conditions specified in 42 CFR 435.230. Individuals receiving a State (8) administered optional State supplement that meets the conditions specified in 42 CFR 435.230. Individuals in additional (9) classifications approved by the Secretary as follows:

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TN No. 36-24 Attachnet 2.2-A, pg 15, item 10.d(4)
86-24 Attachnet 2.2-A, pg 16, item 10.d(5) = (9)
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	State:	Texas	OMB NO.: 0938-
Agency*	Citation(s)		Groups Covered
	В.	Optional G	coups Other Than the Medically Needy
		polit	upplement varies in income standard by ical subdivisions according to of-living differences.
			Yes
			No
		payme	tandards for optional State supplementary nts are listed in Supplement 6 of HMENT 2.6-A.
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TN No. $\frac{7}{2}$ Supersede TN No. $\frac{3}{2}$	7-34 s Approve 24 / 17/16/11	al Date JAN 2.2-A, pg 16,	1 4 1992 Effective Date 00 1 1991
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TN No. 37-10, attachnet 2.2-A, pg 17, tem 11
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Pregnant women

